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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/597,868	08/10/2006	Makoto Kawai	PC26188A	7303
28880 PFIZER INC.	7590 09/22/200	9	EXAM	INER
PATENT DEPA			KUMAR, SHAILENDRA	
Building 114 M EASTERN POI			ART UNIT	PAPER NUMBER
GROTON, CT	06340		1621	
			NOTIFICATION DATE	DELIVERY MODE
			09/22/2009	ELECTRONIC

## Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

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~IPGSGro@pfizer.com

Intonvious Summons	10/597,868	,868 KAWAI ET AL.	
Interview Summary	Examiner	Art Unit	
	SHAILENDRA KUMAR	1621	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>SHAILENDRA KUMAR</u> .	(3)		
(2) <u>Greg Bensen</u> .	(4)		
Date of Interview: <u>16 September 2009</u> .			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g	)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>The Counsel informed the office action of PTO dated 3/11/09</u> .			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE OF THE SUBSTANCE OF THE INTER OF THE INTER OF THE OF THE INTER OF THE OF THE INTER OF THE OF THE OF THE INTER OF THE OF	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APPI Y DAYS FROM T WHICHEVER IS	LICANT IS HIS
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Application No.

Applicant(s)